

CASE # _____

FUNDING SOURCE: _____

OVERLAND, PACIFIC & CUTLER, INC. - BUSINESS INTERVIEW FORM

Interview Date: _____ Site Move-In: _____ Initiation of Negotiations: _____ Interviewer: _____

Business Profile

Business Name: _____ Business Owner(s): _____

Business Address: _____ Business Telephone #: _____

Alternate Telephone #: _____

Contact Person: _____ Telephone Number: _____

Site Owner: _____ Fax Number: _____

First written offer date: _____ Email: _____

Business Enterprise Ownership - Designate Type: Sole Proprietorship _____ Partnership _____ Corporation _____

Non-Profit _____ (If Non-Profit, which type? _____ Tax exemption code: _____)

Type of Business: Farm _____ Manufacturing _____ Retail _____ Service _____ Wholesale _____

Company product, process, project or service - Describe in Detail _____

Management and Survey Participants: MBE _____ WBE _____ Language _____

Officer: _____ Title: _____

Officer: _____ Title: _____

Business Operation:

a. Number of persons regularly employed at site _____ FT _____ PT _____

b. Does firm employ any handicapped persons? Yes _____ No _____ If so, describe physical limitations: _____

c. Ethnicity of firm/Number of employees

Asian _____ Black _____ Caucasian _____ Hispanic _____ Other _____ Total # _____

This is the Business: Headquarters _____ Subsidiary _____ Franchise _____

How many other locations do you have in the same business? _____

Where are the other locations located? _____

Length of time in business : a) Total: _____ years

b) At this address: _____ years; move-in date: _____

Business Mailing Address (if different than above) _____

Physical Features

Property street address (if different than above) _____

Physical Features _____ Area (Square Feet) _____

Land: _____ Total: _____

Facilities:

- Manufacturing _____

- Office _____

- Open Storage/Area _____

- Retail _____

- Warehouse _____

- Other _____

Total: _____

Gross Income _____

Net Income _____

Is business owner subleasing to other tenants? _____

Multiple businesses on site? _____

- BUSINESS INTERVIEW FORM CONTINUED -

Physical Features continued

Lease Site: Yes _____ No _____ Rent _____ Own _____

Lease Rate: \$ _____ /month NNN _____ Gross _____

Current lease term: _____ years Original date of current lease: _____

Remaining term: _____ Option to renew lease: yes _____ no _____

Holdover tenant - now on month-to-month _____

Own Site: Yes _____ No _____ Preferred Relocation Area: _____

Plan to Re-lease upon relocation: Yes _____ No _____ Plan to Purchase: Yes _____ No _____

Willing to lease with option to purchase: Yes _____ No _____

Special purpose utility features in place:

Electrical _____ Fire Protection _____ Gas _____ Sewage _____ Water _____

Hazardous Material:

Disposal: _____

Emissions: _____

Handling: _____

Storage: _____

Special purpose structures, such as: Communication Equipment _____ Gantry Cranes _____

Loading Docks _____ Railroad Spurs _____ Towers _____ Underground Tanks _____ OH Cranes _____

Other (describe) _____

Parking Requirements (number of spaces) - Customers _____ Employees _____ Trucks _____

Need circulation area for semi-trailers or large vehicles? Yes _____ No _____

Special Zoning and/or Use Permit Requirements:

Current inventory of personal property (other than real estate):

Copy available _____ Not available _____ Will prepare by (DATE): _____

Replacement Property Requirements

Plan to relocate and continue business? Yes _____ No _____ (If not, brief reason why:)

Has business located a replacement site? Identify which sites have been found, and reason if not chosen:

Access requirements: Near airport _____ By public transportation _____ By railroad _____ By truck _____

By sidewalk access _____ Other _____

Does business require transportation or storage of low-value/high bulk personal property? (If yes, describe.)

- BUSINESS INTERVIEW FORM CONTINUED -

Replacement Property Requirements continued

Business operator desires assistance in finding a replacement site: Yes _____ No _____ (Explain briefly:)

Preferred replacement location (Name of area if known): _____

Client Base: By mail _____ By drive-by _____ (average distance _____-mile radius)

By customer call _____ (average service area _____-mile radius) By internet _____

Outline marketing area: Local _____ County _____ Regional _____ State _____ National _____

International _____

Would relocation result in loss/abandonment of personal property? (If so, describe, and identify types of equipment which would be obsolete or unable to be moved.)

Preferable time of year and permissible duration of down-time.

Briefly describe replacement site needs. (Site size, improvements, building size, etc. Specifically, discuss any special purpose and/or unusual relocation services or needs created by displacee's age, physical defects, financials problems, etc.)

Certification:

I (We) certify that all of the information on this survey is true and correct to the best of my (our) knowledge. The information contained herein shall be treated confidentially to the extent allowed by law and is collected for planning purposes only.

Respondent(s): _____ Date: _____

_____ Date: _____

Interviewer: _____ Date: _____